1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 461

TITLE: HIV Counseling and Testing in California: PosfTest Disclosure Session Appearance Rates,

1994-1998

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BACKGROUND/OBJECTIVES: In California all clients who utilize public HIV testing services receive a risk assessment and associated riskreduction counseling. Those clients who elect to take an HIV test also receive posttest results disclosure and additional counseling. Unfortunately, many clients fail to return (FTR) for results disclosure. These FTRs represent missed opportunities to prevent future infections and provide further medical, psychological, and social services as needed. The objective of this study was toidentify clients at high risk for FTR and to propose strategies for reducing FTR rates among clients found to be at high risk for FTR. METHODS: Data were collected from the California HIV Counseling Information System. This system is used to collect client information, including risk behavior and test results, reports of service delivery, and reimbursement activity. These data currently provide the most detailed and comprehensive HIV risk behavior surveillance available for testing clients from over 600 sites funded by the California Office of AIDS. For each client tested, counselors complete an HIV Counseling and Information Form. Recordsrepresenting nearly 1 million HIV tests taken July 1994-June 1998 were analyzed. In addition to the overall FTR rate, stratifiedFTF rates were calculated by gender, race/ethnicity, age, risk behavior, and clinic type.

RESULTS: The overall FTR rate from July 1994 through June 1998 was 19%. Elevated FTR rates were found for African-American clients (30%), adolescents (26%), clients who reported injection drug use (25%), clients who tested at STD clinics (36%), and clients who tested at mobile clinics (36%). In most cases, clients who tested positive had FTR rates as high or higher than clients who tested negative. In a separate analsis, only 8% of FTR clients who tested confidentially were followed up for rescheduling, even though follow-up services are reimbursed. However, when follow-up efforts were made, 40% of contacted clients then returned for results disclosure.

CONCLUSIONS: Many clinics experience high FTR rates. Counselors should review their counseling processes with an eye towards the FTR problem, and clients with higher FTR rates should receive greater focus. Rapport and candid discussions of results disclosure and bariers to returning during risk assessment counseling are keys to higher return rates. All confidential clinic counselors should make a commitment to follow up contacts with ALL HIVpositive and high risk negative clients.

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